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T. MATTHEWS

MAR - 4 2022

COVER LETTER

TO: Registration S Division of Go		*	e de la companya de La companya de la co
SUBJECT:	Vice Villo Name of Lin	ited Liability Company	*****
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gabri	ela Russell Name of Person	
		- Villa Firm/Company	
		NW 1322d 5+ Address	
	Mian	ni , FL 33167 City/State and Zip Code	
	<u>vice villainc</u> E-mail address: (@ gmail. Com to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Gabriela	PUSC 1	at (<u>784</u>) <u>309</u> Area Code Dayt	- 125 Q ime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed
Mailing Addre Registration		Street Address: Registration S	Section
Division of Corporations		Division of C	orporations
P.O. Roy 63	127	The Centre of	`Tallahaseoo

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FED 17 11 8: 44

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appear liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000381727</u> .	were filed on <u>C</u>	$\frac{8/25/2021}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2435 Miami	VW 1320d St FL 33167
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our ro	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Flor	ida street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuj	By Can
I hereby accept the appointment as registered agent and agrouped provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Redoccia Russell	325 NW 128th St	□Add
		North Miami, FL 33168	Remove
			Change
MGR	Gabriela Russell	2435 NW 1329 St	□Add
		Miani, FL 33167	□Remove
			\$ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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(If an et <u>Note:</u>	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	February 15 . 2022.
	Signature of a prembur of authorized representative of a member
	Gabriela Russell
	Typed or printed name of signee

Filing Fee: \$25.00